



Send to: williamsdebj@michigan.gov

Management Agent - Main Office Information:

Management Agent Compliance Contact Information (Statewide):

Development Information:

[illegible]

Development Name	MSHDA #	LIHTC #	Development Address	City	Zip	Phone	Fax	E-Mail	On-Site Mgr. Name	Files located on-site Y/N

Off-Site File Information:

Development Name	MSHDA #	LIHTC #	Off-Site File Address	City	Zip	Phone	Fax	E-Mail	Mgr. Name

Form Completed by:

Name:	
Title:	
Phone:	
Email:	
Date:	

I would like a MSHDA Compliance Staff member to contact me: (Complete this section **only** if you want MSHDA Compliance to contact you)

Name:	
Title:	
Phone:	
Email:	
Issue(s):	